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WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 FILL OUT ALL BLANKS.
 AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

| PLACE OF DEATH | | | ARIZONA STATE BOARD OF HEALTH | |
|---|--|-------------|--|------|
| BUREAU OF VITAL STATISTICS | | | State Index - - No. | 195 |
| County | Maricopa | | County Registered No. | 1257 |
| District | No 3 | | Local Registrar's No. | 1801 |
| Town | Mesa | | | |
| Or City | | | | |
| ORIGINAL CERTIFICATE OF DEATH | | | | |
| No. <u>Chandler Rd</u> St. | | | | |
| (If death occurred in a Hospital or Institution, give its NAME instead of street and number.) | | | | |
| FULL NAME <u>Eutah Arguilles</u> | | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | MEDICAL CERTIFICATE OF DEATH | |
| SEX | Color or Race | SINGLE | DATE OF DEATH | |
| Male | White Indian | MARRIED | <u>Aug 22</u> , 19 <u>21</u> | |
| | Black Chinese | WIDOWED | (Month) (Day) (Year) | |
| | Mexican | or DIVORCED | | |
| DATE OF BIRTH | <u>about 1886</u> | | I hereby certify that I attended deceased from <u>Aug 17</u> | |
| | (Month) (Day) (Year) | | 19 <u>21</u> to <u>Aug 22</u> 19 <u>21</u> ; that I last saw him alive | |
| AGE | <u>about 35 yrs</u> If less than 1 day | | on <u>Aug 21</u> 19 <u>21</u> , and that death occurred on the date | |
| | yrs. mos. days hrs., or min. | | stated above at <u>11 A.M.</u> The DISEASE or INJURY causing | |
| OCCUPATION | <u>Laborer</u> | | death was as follows: | |
| (a) Trade, profession or particular kind of work | | | <u>Pulmonary</u> | |
| (b) General nature of industry, business, or establishment in which employed or (employer) | | | <u>Tuberculosis</u> | |
| BIRTHPLACE | <u>Mexico</u> | | (Duration) <u>1</u> yrs. <u>5</u> mos. <u>5</u> days | |
| (State or country) | | | Was disease contracted in Arizona? <u>yes</u> | |
| NAME OF FATHER | <u>Geno Arguilles</u> | | If not, where? <u>✓</u> | |
| BIRTHPLACE OF FATHER | <u>Mexico</u> | | CONTRIBUTORY <u>✓</u> | |
| (State or country) | | | (Duration) <u>✓</u> yrs. <u>✓</u> mos. <u>✓</u> days | |
| MAIDEN NAME OF MOTHER | <u>Barbara Encinas</u> | | (Signed) <u>E. J. Ruckstein</u> | |
| BIRTHPLACE OF MOTHER | <u>Mexico</u> | | <u>Aug 23</u> 19 <u>21</u> (Address) <u>Mesa</u> | |
| (State or country) | | | *In death from violent causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal. | |
| The Above is True to the Best of My Knowledge | | | LENGTH OF RESIDENCE | |
| (Informant) | <u>Isabel Morillo</u> | | At place of death <u>2</u> yrs. <u>✓</u> mos. <u>✓</u> ds. In Arizona <u>5</u> yrs. <u>✓</u> mos. <u>✓</u> ds. | |
| (Address) | <u>Mesa, Ariz.</u> | | Former or Usual Residence <u>Mexico</u> | |
| PLACE OF BURIAL OR REMOVAL | <u>Mesa Cemetery</u> | | Filed <u>Aug 23</u> 19 <u>21</u> | |
| DATE OF BURIAL OR REMOVAL | <u>Aug 23</u> 19 <u>21</u> | | Local Registrar. <u>E. J. Ruckstein</u> | |
| UNDERTAKER | <u>Dr. Maria P. P. P.</u> | | Filed <u>Sept. 8</u> 19 <u>21</u> | |
| ADDRESS | <u>Mesa</u> | | County Registrar. | |